

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 15 1944

Registration District No. 137

Primary Registration District No. 3028

Registrar's No. 99

1. PLACE OF DEATH

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution McCune Brooks
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community Lifetime in Lawrence (Specify whether years, months or days)

3. (a) PRINT FULL NAME Emery Welsh

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex MO 5. Color or race W
6. (a) Name of husband or wife Rena Welsh 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Jan 22 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 30 If less than one day
..... hr. min.

9. Birthplace Stotts City MO
(City, town, or county) (State or foreign country)

10. Usual occupation Stone mason

11. Industry or business

12. Name Martin Van Welsh
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rena Welsh
(b) Address La Russell MO

17. (a) Burial (b) Date thereof April 23 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Harvey Cemetery

18. (a) Signature of funeral director H. D. Rossett
(b) Address Mo. Vernon, Mo.

19. (a) April 25 44 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lawrence
(c) City or town La Russell
(If outside city or town limits, write "RURAL.")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1944 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from Apr. 17 1944 to Apr. 21 1944
that I last saw him alive on Apr. 21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic Poison
Due to urthelial structure
Due to urthelial fistula

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 132:2
Of autopsy 132:2
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury
23. Signature R. D. Webster (M. D. or other)
Address Carthage MO Date signed Apr. 23 44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

44-4-352

Blair
Coulson

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by....., Registered Apprentice No..... working under my personal supervision.

Signed..... Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address McVernon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.